



# Flintshire County Council



INSTITUTE OF SOCIAL  
MEDICINE

10, PARKS ROAD,  
OXFORD

# REPORT

BY THE

## MEDICAL OFFICER

ON THE

## HEALTH

OF

## FLINTSHIRE

DURING THE YEAR

# 1950.



## FLINTSHIRE COUNTY COUNCIL.

---

County Health Offices,  
MOLD.

October, 1951.

To the Chairman and Members  
of the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

It is my pleasure to submit to you my Report on the Health of the County of Flint during the year 1950.

In the Reports for 1948 and 1949, attention was drawn to the urgent need for the closest co-operation between staffs and co-ordination of the work of the three bodies charged with responsibility for health services under the National Health Service Act, 1946. Co-operation and co-ordination is most especially necessary in regard to the maternity services, to care and after-care services particularly for the elderly sick, and to the admission of mental defectives to institutions or to places of safety. Further reference is made to these and other matters in the body of the Report.

Unfortunately during the year ill-health was responsible for depleting the medical and dental staff. Dr. Gladys Rowlands was off duty for a considerable period, and in June Mr. Lunt, the Senior Dental Officer, felt compelled to relinquish his appointment on the grounds of ill-health. His resignation was received with the greatest regret.

I wish to express my gratitude for the great assistance which I have received from you, Mr. Chairman, from all Members of the County Council and of the Health Committee, from your Administrative Officers, from the County District Councils and their Officers, and from a very loyal Departmental Staff.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

A. E. ROBERTS,

County Medical Officer,

## Section 1.

## ADMINISTRATION.

## A.—DEPARTMENTAL OFFICERS.

**County Medical Officer :**

Aneurin Evan Roberts, M.B., B.S. (London), D.P.H. (Liverpool).

**Deputy County Medical Officer (also Senior Medical Officer in charge Maternity and Child Welfare) :**

A. E. Gwladys Rowlands, M.B., B.S., D.P.H. (Lond.), M.R.C.S., L.R.C.P.

**Senior Medical Officer (in charge School Health Services) :**

Edna Pearse, M.B., Ch.B., C.P.H. (Liverpool).

**Assistant Medical Officers (full-time) :**

Corris Venables, M.B., Ch.B., C.P.H. (Liverpool), D.Obst.R.C.O.G.

Nest M. Jones, B.Sc., M.B., Ch.B. (Wales), D.Obst.R.C.O.G.

**Assistant Medical Officers (part-time) who are also Medical Officers of Health for Grouped County Districts :**

T. W. Brindle, M.B., Ch.B. (Manch.), D.P.H. (Liverpool).

A. Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H.

R. Rhydwen, M.B., B.S., D.P.H.

**Senior Dental Officer :**

Peter Lunt, L.D.S., R.C.S. (Eng.) (Resigned 30/6/50).

**Assistant Dental Officers :**

W. B. Glynn Jones, L.D.S.

Leslie Hanson, L.D.S.

**County Sanitary Inspector (also Food and Drugs Inspector) :**

Elwyn Lewis, M.R.S.I., M.S.I.A.

**County Nursing Officer :**

Mrs. Frances M. Williams, S.R.N., S.C.M., H.V.Cert., R.San.Inst.Cert.

**Superintendent Health Visitor/School Nurse (also Domestic Help Organiser) :**

Miss D. V. Gray, S.R.N., S.C.M., H.V.Cert., Cert.M.S.R.

**Health Visitors (acting jointly as Health Visitors and School Nurses) :** All State Registered Nurses and State Certified Midwives, and with Health Visitor's Certificate (with one exception\*) or other qualification :—

Miss M. Ayrton, Miss L. M. Eyes, Mrs. M. E. Hawkins, Miss M. J. Hughes, Miss Elizabeth Jones (temp.), Miss Ellen Jones, Miss A. Molloy, Miss L. Oliver, Miss O. M. Pierce, \*Mrs. A. E. Williams, S.R.N., S.R.F.N., Mrs. M. M. Nield, Mrs. M. E. Pearse, Miss M. Prince (resigned 30/6/50), Mrs. J. Thomas, Mrs. M. P. Thomas, Mrs. D. Thompson.

**Tuberculosis Visitors :**

Miss B. M. Brooks, S.R.N. (temp. since 17/7/50).

Miss Gwenneth Jones, S.R.N., S.C.M., H.V.Cert.

Miss E. R. Parry, S.R.N., Tb.Cert.

**Domiciliary Midwives and Domiciliary General Nurses :**

At the end of the year under report, the following Midwives and Nurses were employed full-time by the County Council :—

Acting as Midwives only	...	...	...	9
Acting as Midwives and General Nurses	...	...	...	26
Acting as General Nurses only	...	...	...	9
Total				44

**Domestic Helpers (employed at the end of the year) :**

Whole-time	...	...	...	...	1
Part-time	...	...	...	...	84
Total					85

**Welfare Officers (also "duly authorised officers" for the purposes of the Lunacy and Mental Treatment Act) :**

Buckley and District—W. H. Iball, Richmond House, Brunswick Road, Buckley (Tel. Buckley 388).

Holywell and District—W. Davies, Welfare Office, Holywell (Tel. Holywell 242).

Mold and District—T. Wesley Hughes, Welfare Office, Wrexham Street, Mold (Tel. Mold 111).

Rhyl and District—E. Williams, Welfare Office, Old Emmanuel School, Vale Road, Rhyl (Tel. Rhyl 799).

(Mr. Wesley Hughes is also "duly authorised officer" for the purposes of the Mental Deficiency Acts).

**Chief Clerk :**

William Davies, A.R.I.P.H.H. (retired 31/3/50).

William Ithel Roberts (since 1/4/50).

**Departmental Senior Clerk :**

Arthur Whitley.

## B.—ASSOCIATED OFFICERS

**Clerk of the County Council :**

W. Hugh Jones.

**Secretary of the Education Committee :**

B. Haydn Williams, B.Sc., Ph.D.

**County Surveyor :**

P. H. Maddicks, B.Sc., A.M.I.C.E.

**County Architect :**

W. Griffiths, L.R.I.B.A.

**County Treasurer :**

R. J. Jones.

**Ophthalmic Consultants (Certification of Blind Persons) :**

E. F. Wilson, Esq., Chester.

A. C. Shuttleworth, Esq., Chester and Colwyn Bay.

**Administrative Officer (National Assistance) :**

Isaac Hughes.

**Children's Officer :**

Mrs. L. Davies, B.A.



**Health Officers of the Several Sanitary Districts.**  
(As on 31st December, 1950).

District.	Medical Officer.	Senior Sanitary Inspector.
Buckley Urban	Dr. Allan Cathcart	Mr. A. G. Watkin, U.D.C. Offices, Buckley.
Connah's Quay Urban	Dr. Allan Cathcart	Mr. W. A. Barker, U.D.C. Offices, Connah's Quay.
Flint Municipal Borough	Dr. T. W. Brindle	Mr. W. J. Avery, Town Hall, Flint.
Holywell Urban	Dr. T. W. Brindle	Mr. J. Topham, U.D.C. Offices, Holywell.
Mold Urban	Dr. T. W. Brindle	Mr. George Horn, U.D.C. Offices, Mold.
Prestatyn Urban	Dr. Ranyl Rhydwen	Mr. I. W. Jones, U.D.C. Offices, Prestatyn.
Rhyl Urban	Dr. Ranyl Rhydwen	Mr. E. L. Ll. Jones, U.D.C. Offices, Rhyl.
Hawarden Rural (Dist. No. 1)	Dr. Allan Cathcart	Mr. M. Emlyn Thomas, R.D.C. Offices, Hawarden.
Hawarden Rural (Dist. No. 2)	Dr. Allan Cathcart	Mr. Watkin Williams, R.D.C. Offices, Hawarden.
Holywell Rural	Dr. T. W. Brindle	Mr. D. O. Meredith Jones, R.D.C. Offices, Holywell.
Overton Rural	Dr. Allan Cathcart	Mr. R. L. Higgins, Willow Street, Overton.
St. Asaph Rural	Dr. Ranyl Rhydwen	Mr. R. P. Barlow, R.D.C. Offices, St. Asaph.



## Section A.

STATISTICS AND SOCIAL CONDITIONS OF  
THE COUNTY.

## 1. AREA.

The area of the County is 255.7 square miles, or 163,707 statutory acres, that of its separate geographical divisions being respectively: Main Division, 133,308; the Maelor Hundred, 29,749; the Civil Parish of Marford and Hoseley, 650 acres.

## 2. POPULATION.

In previous years the Registrar-General when submitting his mid-year estimate of population, has given separate figures for civilians and non-civilians (members of the armed forces stationed in the area).

In 1950, the Registrar-General has combined these figures under the title "home population," his estimate of which is 145,080. In 1949, the total population (civilian and non-civilian) was 144,240, and of this number, the non-civilian population was shown as 3,940. If it is assumed that the non-civilian population is fairly static, the civilian population of the County shows an increase of 840 since 1949.

It is of interest to note the increase of the population in the County and in the County Districts in the Census Years 1901, 1911, 1921, 1931, before the boundaries of the County Districts were adjusted on April 1st, 1934, as shown in Table 1 (a), and to compare them with the increases in the years 1935 to 1950 as shown in Table 1 (b).

Table 1 (a).  
AREA, POPULATION, ETC.

District.			Area in Statutory Acres.	Population (By Census).			
				1901.	1911.	1921.	1931.
<b>Urban—</b>							
Buckley	...	...	2034	5780	6333	6726	6899
Connah's Quay	...	...	4214	3396	4596	5060	5980
Flint (Mun. Boro.)	...	...	3435	4625	5472	6298	7655
Holywell	...	...	917	2652	2549	3073	3424
Mold	...	...	854	4263	4873	4659	5137
Prestatyn	...	...	1640	1261	2036	4415	4512
Rhyl	...	...	1700	8473	9005	3968	13485
<b>Rural—</b>							
Hawarden	...	...	31588	15821	20571	24036	26575
Holywell	...	...	64519	23999	25328	25933	26709
Overton	...	...	29749	5057	5176	5102	4761
St. Asaph	...	...	23057	6158	6766	7347	7752
Total Urban	...	...	14794	30450	34864	44199	47092
Total Rural	...	...	148913	51035	57841	62418	65797
Whole County	...	...	163707	81485	92705	106617	112889

Table 1 (b).

District.	Area in Statutory Acres.	Population (estimated).					
		1935.	1939.	1944	1947.	1949.	1950.
<b>Urban—</b>							
Buckley ...	2646	7056	7345	6895	7470	7622	7675
Connah's Quay ...	4214	5950	6505	6420	7102	7455	7567
Flint M.B. ...	6243	12000	13020	11750	13554	14160	14250
Holywell ...	2532	5539	6918	7286	7931	7870	7950
Mold ...	1164	5495	5880	5700	6202	6354	6409
Prestatyn ...	3219	6100	7422	8089	8171	8659	8699
Rhyl ...	1700	14760	16510	18370	18400	18710	18730
<b>Rural—</b>							
Hawarden ...	31576	27010	28750	29760	31920	32450*	34950
Holywell ...	58515	20380	20730	20920	21410	21920	22090
Overton ...	29749	4492	4356	4599	4857	6720	6376
St. Asaph ...	22149	7218	7494	7471	7463	8380*	10384
Total Urban ...	21718	56900	63600	64510	68830	70830	71280
Total Rural ...	141989	59100	61330	62750	65650	69470*	73800
Total County ...	163707	116000	124930	127260	134480	140300*	145080

\* The following figures representing non-civilian population should be added :—

Hawarden Rural District	...	...	1950
St. Asaph Rural District	...	...	1990
Total Rural	...	...	3940
Whole County	...	...	3940

### 3. FINANCIAL.

The product of a penny rate, computed for the County in respect of the year 1949-50, was £3,065.

### 4. SOCIAL CONDITIONS.

These are discussed elsewhere in the Report.

## 5. BIRTHS.

During the year under review, 2,553 births were registered as pertaining to the County, that total being made up as follows :—

			Live Births.		Still Births.		Total.
Legitimate	...	...	2378	...	63	...	2441
Illegitimate	...	...	111	...	1	...	112
			<hr/>		<hr/>		<hr/>
Total	...		2489		64		2553
			<hr/>		<hr/>		<hr/>

Compared with the previous year, 1949, these figures show an increase of 58 live births, and 1 still birth, a total increase of 59 births.

The Live birth rate per 1000 population in 1950 was 17.16, which is better than the rate for England and Wales, namely 15.8.

The Still birth rate per 1000 population was 0.44, which is worse than the rate for England and Wales as a whole, namely 0.37.

**Illegitimate Births**—The proportion of illegitimate births, which had risen very considerably during the War years, has since decreased. In 1947, the proportion per 1000 total birth was 69.3, in 1948 it had fallen to 53.3, in 1949 it had again risen slightly to 57.3, but in 1950 it had again fallen to 43.87.

**Births in the various County Districts**—Table 2 (a) shows the births Live and Still, Legitimate and Illegitimate; whilst Table 2 (b) shows the birth rates in the County Districts.



Table 2 (b).

## BIRTHS AND BIRTH RATES.

(Live Births, Still Births and Total Births).

District.	Number of Births.		Crude Rate per 1000 Population.		* Adjusted rate per 1000 Population.		Stillbirth Rate per 1000.	
	Live.	Still. Total.	Live.	Still. Total.	Live.	Still. Total.	Live Births.	Total Births.
<b>Urban—</b>								
Buckley	127	3 130	16.55	.39 16.94	16.38	.39 16.77	23.62	23.08
Connah's Quay	153	3 156	20.22	.40 20.62	19.21	.38 19.59	19.61	19.23
Flint (Mun. Boro.)	288	13 301	20.21	.91 21.12	19.80	.89 20.69	45.14	43.19
Holywell	145	3 148	18.24	.38 18.62	18.05	.38 18.43	20.69	20.27
Mold	140	2 142	21.84	.31 22.15	22.28	.31 22.59	14.28	14.08
Prestatyn	110	2 112	12.65	.23 12.88	14.80	.27 15.07	18.18	17.86
Rhyl	298	6 304	15.91	.32 16.23	15.91	.32 16.23	20.13	19.74
<b>Rural—</b>								
Hawarden	622	13 635	17.80	.37 18.17	17.80	.37 18.17	20.90	20.47
Holywell	354	13 367	16.02	.59 16.61	17.78	.65 18.43	36.72	35.42
Overton	104	2 106	16.31	.31 16.62	15.98	.30 16.28	19.23	18.87
St. Asaph	148	4 152	14.25	.39 14.64	18.52	.51 19.03	27.03	26.32
Total Urban	1261	32 1293	17.69	.45 18.14	17.87	.45 18.32	25.37	24.75
Total Rural	1228	32 1260	16.64	.43 17.07	17.80	.46 18.26	26.07	25.40
Whole County	2489	64 2553	17.16	.44 17.60	17.83	.46 18.29	25.71	25.07

\* Adjusted by the comparability factor for comparison with other areas.

**Premature Births**—All babies weighing  $5\frac{1}{2}$  lbs. or less at birth are classified as “premature” irrespective of the period of gestation. Still births are **not** included. During the year, 173 births were classified as premature. Of these births, 43 took place **at home**, 7 in **private** Nursing Homes, and 123 in Hospitals and Maternity Homes in the National Health Service. The following Table shows (a) the weight at birth, (b) the period of survival of those born at home and in private Nursing Homes.

Table 3.

## PREMATURE BIRTHS

(excluding stillbirths).

Weight at birth.	Born at home.				* Born in private Nursing Homes.			
	Transferred to hospital.		Nursed entirely at home.		Transferred to hospital.	Nursed entirely in private Nursing Home.		Grand Total.
			Died in first 24 hrs.	Died on 2nd to 7th day.		Died in first 24 hrs.	Died on 8th to 28th day.	
Under 3 lbs.	—		1	1	—	—	—	—
3-4 lbs.	5		—	—	—	—	—	—
4-5½ lbs.	—		—	—	—	—	7	7
Total	5		1	1	—	—	7	7
								14

\* Including Maternity Homes not in the National Health Service and Mother and Baby Homes where the women are confined in the Home.



## 6. DEATHS.

During the year under review, a total of 1,812 deaths were ascribed to the County, representing a death-rate per 1,000 population of 12.49 which is above the rate for England and Wales as a whole, namely 11.6.

The various causes of death are set out in Table 4, and it will be seen that Diseases of the Heart and Circulatory System (Nos. 17, 18, 19, 20 and 21) are responsible for 49.39 % of the total deaths, while malignant Disease accounts for 15.43 %. Respiratory Tuberculosis accounts for only 2.98 % of the total deaths, and the number—54—shows a decrease of 40 on the number for the year 1949.

Table 4.  
DEATHS (GENERAL) 1950.  
SUMMARY OF CAUSES.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
1. Tuberculosis—respiratory	34	20	54*	2.98
2. Tuberculosis—other	3	1	4*	.22
3. Syphilitic Disease	1	—	1	.06
4. Diphtheria	—	—	—	—
5. Whooping Cough	—	1	1	.06
6. Meningococcal infections	1	—	1	.06
7. Acute Poliomyelitis	2	1	3	.17
8. Measles	2	—	2	.11
9. Other infective and parasitic diseases	4	2	6	.33
10. Malignant Neoplasm—stomach	22	35	57	3.14
11. Malignant Neoplasm—lung, bronchus	18	9	27	1.49
12. Malignant Neoplasm—breast	—	29	29	1.60
13. Malignant Neoplasm—uterus	—	16	16	.88
14. Other malignant and lymphatic neoplasm	86	71	157	8.66
15. Leukaemia, aleukaemia	2	1	3	.17
16. Diabetes	4	10	14	.77
17. Vascular lesions of the nervous system	123	132	255	14.07
18. Coronary disease, angina	152	76	228	12.58
19. Hypertension with heart disease	28	25	53	2.92
20. Other heart disease	141	179	320	17.66
21. Other circulatory disease	31	29	60	3.31
22. Influenza	7	7	14	.77
23. Pneumonia	26	28	54	2.98
24. Bronchitis	48	25	73	4.03
25. Other diseases of respiratory system	15	4	19	1.05
26. Ulcer of stomach and duodenum	14	5	19	1.05
27. Gastritis, enteritis and diarrhoea	8	5	13	.72
28. Nephritis and nephrosis	21	17	38	2.10
29. Hyperplasia of prostate	23	—	23	1.27
30. Pregnancy, childbirth, abortion	—	5	5	.28
31. Congenital Malformation	8	5	13	.72

Table 4—continued.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
32. Other defined or ill-defined diseases	89 ...	95 ...	184 ...	10.15
33. Motor vehicle accidents ... ..	19 ...	1 ...	20 ...	1.10
34. All other accidents ... ..	29 ...	5 ...	34 ...	1.88
35. Suicide ... ..	7 ...	4 ...	11 ...	.61
36. Homicide and operations of war ...	1 ...	— ...	1 ...	.06
All causes ...	969	843	1812	—

\* See notes below.

DEATHS FROM RESPIRATORY TUBERCULOSIS—Table 4 (a) shows the deaths from Respiratory Tuberculosis in the various districts.

Table 4 (a).

## DEATHS FROM RESPIRATORY TUBERCULOSIS.

County District.	Males.	Females.	Total.
<b>Urban—</b>			
Buckley U.D. ... ..	2 ...	1 ...	3
Connah's Quay U.D. ... ..	1 ...	— ...	1
Flint M.B. ... ..	2 ...	3 ...	5
Holywell U.D. ... ..	2 ...	2 ...	4
Mold U.D. ... ..	— ...	— ...	—
Prestatyn U.D. ... ..	4 ...	2 ...	6
Rhyl U.D. ... ..	— ...	2 ...	2
<b>Rural—</b>			
Hawarden R.D. ... ..	6 ...	3 ...	9
Holywell R.D. ... ..	3 ...	— ...	3
Overton R.D. ... ..	14 ...	5 ...	19*
St. Asaph R.D. ... ..	— ...	2 ...	2
Total Urban ... ..	11	10	21
Total Rural ... ..	23	10	33
Total whole County ... ..	34	20	54

It will be noted that during the year there were no deaths from respiratory tuberculosis in the Mold Urban District.

\* Further attention must be directed to the number of deaths in the Overton Rural District. It represents 35.2 % of the total for the County and so far as can be ascertained from notifications received in this Depart-

ment, all these deaths occurred in the Polish Hospitals located in the area, and were of patients having no other domicile in the British Isles, having been brought to these hospitals direct from countries in the Middle East, etc. The effect of this is that the County of Flint has a mortality rate for respiratory tuberculosis which is considerably higher than that of many other Welsh counties, as will be seen from the Table 4 (b), whereas prior to the War years, Flintshire had considerable pride in its low mortality rate.

Table 4 (b).  
RESPIRATORY TUBERCULOSIS.  
MORTALITY RATES IN WELSH COUNTIES.

County.			1950		Rate per 1000 Population.
	Mid-1950 Population.		Deaths from Respiratory T.B.		
Montgomery	... 45837	...	6	...	0.13
Radnor	... 20404	...	4	...	0.196
Anglesey	... 50060	...	14	...	0.28
Cardigan	... 53993	...	16	...	0.29
Denbigh	... 169686	...	51	...	0.30
Pembroke	... 89887	...	28	...	0.31
Monmouth	... 319640	...	107	...	0.335
Brecon	... 56426	...	19	...	0.34
FLINT	... 145080	...	54	...	0.37
Carmarthen	... 171730	...	70	...	0.41
Glamorgan	... 737890	...	325	...	0.44
Merioneth	... 40543	...	21	...	0.52
Caernarvon	... 123824	...	74	...	0.60

DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE—It will be noted that, during the year, deaths attributable to Infectious Disease were as follows:—Whooping Cough 1, Meningococcal Infections 1, Acute Poliomyelitis 3, Measles 2.

In addition, 6 deaths were attributed to “other infective and parasitic diseases,” and 54 to Pneumonia.

There were no deaths from Diphtheria.

DEATHS OF INFANTS AGED UNDER TWELVE MONTHS—During the year 67 infants died before attaining the age of twelve months and of these 41 were males and 26 females, while 64 were legitimate and 3 were illegitimate.

The Infant Mortality Rate (deaths per 1,000 live births) is therefore 26.92 which is **lower** than the rate for England and Wales, namely 29.8.

During the past 40 years, the Infant Mortality Rate has been reduced by approximately 75 %—in the year 1911, the rate was 108 per 1,000 live births, by 1930 it had been reduced to 49, and by 1950 had been further reduced to 26.92.

Infant deaths in the various County Districts are shown in Table 5 (a) and the Infant Mortality Rates for each district in Table 5 (b). It is **note-worthy** that for the second year in succession there has been no infant death in the Urban District of Buckley.

Included in the above total of 67 are 39 deaths of infants who failed to survive the first **four weeks** of life, and the figures for the various County Districts are shown in Table 5 (c).

Table 5 (a).  
INFANTILE DEATHS—1950.  
(Under 1 year of age).

District.	MALES.			FEMALES.			Infants	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and Illegit.	
<b>Urban—</b>								
Buckley	...	—	—	...	—	—	...	—
Connah's Quay	...	2	—	2	...	1	—	1
Flint (M.B.)	...	3	—	3	...	3	1	4
Holywell	...	5	—	5	...	2	—	2
Mold	...	1	—	1	...	—	—	—
Prestatyn	...	2	—	2	...	2	—	2
Rhyl	...	6	—	6	...	4	—	4
<b>Rural—</b>								
Hawarden	...	14	1	15	...	5	—	5
Holywell	...	4	—	4	...	2	1	3
Overton	...	3	—	3	...	2	—	2
St. Asaph	...	—	—	—	...	3	—	3
Total Urban	...	19	—	19	...	12	1	13
Total Rural	...	21	1	22	...	12	1	13
Whole County	...	40	1	41	...	24	2	26

Table 5 (b).

INFANT MORTALITY—1950.  
 Children aged under 12 months.  
 Rate per 1,000 Total Live Births.

District.	MALES.			FEMALES.			Infants	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. &	Illegit.
<b>Urban—</b>								
Buckley	...	—	—	...	—	—	...	—
Connah's Quay	...	13.07	—	13.07	...	6.53	—	6.53
Flint (M.B.)	...	10.42	—	10.42	...	10.42	3.47	13.89
Holywell	...	34.45	—	34.45	...	13.79	—	13.79
Mold	...	7.14	—	7.14	...	—	—	—
Prestatyn	...	18.18	—	18.18	...	18.18	—	18.18
Rhyl	...	20.13	—	20.13	...	13.42	—	13.42
<b>Rural—</b>								
Hawarden	...	22.51	1.61	24.12	...	8.04	—	8.04
Holywell	...	11.30	—	11.30	...	5.65	2.82	8.47
Overton	...	28.85	—	28.85	...	19.23	—	19.23
St. Asaph	...	—	—	—	...	20.27	—	20.27
Total Urban	...	15.07	—	15.07	...	9.52	.79	10.31
Total Rural	...	17.10	.81	17.92	...	9.77	.81	10.58
Whole County	...	16.07	.40	16.47	...	9.64	.80	10.45

Table 5 (c).  
NEO-NATAL DEATHS—1950.  
(Under 4 weeks of age).

District.	MALES.			FEMALES.			Infants	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and Illegit.	

---

Urban—								
Buckley	...	—	—	...	—	—	...	—
Connah's Quay	...	2	—	2	...	1	—	1
Flint (M.B.)	...	—	—	...	2	1	3	...
Holywell	...	3	—	3	...	1	—	1
Mold	...	1	—	1	...	—	—	...
Prestatyn	...	—	—	...	—	—	—	...
Rhyl	...	2	—	2	...	3	—	3
Rural—								
Hawarden	...	10	1	11	...	1	—	1
Holywell	...	2	—	2	...	2	1	3
Overton	...	2	—	2	...	2	—	2
St. Asaph	...	—	—	...	2	—	2	...
Total Urban	...	8	—	8		7	1	8
Total Rural	...	14	1	15		7	1	8
Whole County	...	22	1	23		14	2	16

MATERNAL MORTALITY—Five deaths were attributed to pregnancy, childbirth or abortion.

DEATHS IN THE VARIOUS COUNTY DISTRICTS—Table 6 shows the number of deaths of males and females in the County Districts, and the crude and adjusted Mortality Rates for those Districts,



**Table 6.**  
**DEATHS IN THE SEVERAL DISTRICTS.**  
 (All ages—all causes).

District.							Crude Rate per per 1000 Population.	* Rate Adjusted per 1000 Population.
Urban—								
Buckley	...	49	...	42	...	91	11.86	12.10
Connah's Quay	...	39	...	24	...	63	8.33	10.33
Flint (M.B.)	...	79	...	66	...	145	10.17	12.41
Holywell	...	49	...	44	...	93	11.70	11.70
Mold	...	32	...	37	...	69	10.77	11.09
Prestatyn	...	76	...	93	...	169	19.42	12.72
Rhyl	...	147	...	163	...	310	16.55	14.07
Rural—								
Hawarden	...	209	...	151	...	360	10.30	11.74
Holywell	...	159	...	128	...	287	12.99	11.30
Overton	...	73	...	37	...	110	17.25	17.08
St. Asaph	...	57	...	58	...	115	11.07	10.74
Total Urban	...	471		469		940	13.19	12.53
Total Rural	...	498		374		872	11.81	11.93
Whole County	...	969		843		1812	12.49	12.23

\* For purpose of comparison with other areas.

The following information is extracted from the statistics supplied by the Registrar General :—

**Urban Districts.**

	Males.		Females.		Total.
Deaths in age group 45-64	...	121	...	94	215
Deaths in age group 65 and over	...	288	...	327	615
					830

**Rural Districts.**

	Males.		Females.		Total.
Deaths in age group 45-64	...	118	...	73	191
Deaths in age group 65 and over	...	297	...	256	553
					744

## Section B.

### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

#### 1. HOSPITAL AND SPECIALIST SERVICES.

The provision of these services is the function of the Regional Hospital Board, and its Hospital Management Committees, and the many difficulties which these bodies have to overcome are fully appreciated. Reference, however, must be made to the continued and increasing need for the establishment of a properly equipped and staffed "geriatric unit," which could considerably reduce the pressure on the beds occupied by "long-stay" elderly patients. Many such patients after a comparatively short period of treatment and rehabilitation in hospital could be discharged to their homes, or to residential accommodation provided under Part III of the National Assistance Act. Close co-operation would be necessary between the "geriatric unit" and the Local Health Authority, so that the "care and after care" services, under the National Health Service Act, and the "welfare" services under the National Assistance Act, could be given full play. Heartrending appeals are frequently received for assistance in obtaining accommodation for the elderly sick and it would be necessary for the geriatrician to pay "domiciliary" visits, as only then could priority of admission be decided.

#### 2. LABORATORY SERVICES.

The Public Health Laboratory at Conway has continued to provide most excellent services during the year.

Additional facilities have been made available at the Public Health Laboratory at Birkenhead and these facilities are proving of very great assistance in the eastern portion of the County. A Pathological Laboratory is also being established at the Royal Alexandra Hospital, Rhyl, and this will supply a long-felt want.

#### 3. HEALTH CENTRES.

Under Section 21 of the National Health Service Act, 1946, these fall to be provided, maintained, equipped and staffed by the Local Health Authority. They can only be provided after consultation with the Executive Council, and the General Medical and Dental Practitioners. For various reasons, their provision remains a thing of the distant future.

Health Centres are intended to provide facilities for:—

- (a) Specialist and other out-patient Services,
- (b) General Medical Services,
- (c) General Dental Services,
- (d) Pharmaceutical Services,
- (e) Local Health Authority Services,

and must not be confused with the Ante-Natal, Child Welfare and other Centres, which are at present provided by the Local Health Authority.

## 4. CARE OF MOTHERS AND YOUNG CHILDREN.

**ANTE-NATAL CLINICS**—Eleven Clinics operated throughout the year, at Bagillt, Buckley, Caergwrle, Flint, Holywell, Mold, Prestatyn, Rhyl, Saltney, Shotton and St. Asaph. These Clinics are staffed by the Assistant County Medical Officers and Health Visitors. All Midwives and District Nurse/Midwives are encouraged to attend the Clinics with their patients.

In my previous Report, reference was made to the decrease in the number of expectant mothers attending the Authority's Ante-Natal Clinics since the operation of the National Health Service Act. It is regretfully reported that the decrease still continues, as will be seen from Table 7, in which last year's figures are shown in parenthesis. It will be noted that the decrease has been much greater in some districts than in others; and that the total number of expectant mothers attending the Clinics represents only approximately 25 % of the total births.

Table 7.

**ANTE-NATAL ATTENDANCES OF WOMEN AT CENTRES.**

Centre.	No. of Sessions.	Patients dealt with.			Aggregate Attendances.
		Old* Cases.	New Cases.	Total Cases.	
Bagillt ...	24 (22)	13 (2)	29 (41)	42 (43)	135 (132)
Buckley ...	22 (22)	4 (2)	10 (17)	14 (19)	29 (36)
Caergwrle ...	24 (22)	7 (5)	22 (26)	29 (31)	82 (86)
Flint ...	24 (22)	14 (24)	104 (91)	118 (115)	340 (263)
Holywell ...	21 (22)	14 (14)	83 (120)	97 (134)	286 (438)
Mold ...	22 (22)	23 (18)	99 (111)	122 (129)	344 (452)
Prestatyn ...	23 (21)	3 (10)	27 (49)	30 (59)	99 (236)
Rhyl ...	21 (21)	9 (16)	48 (83)	57 (99)	176 (418)
Saltney ...	23 (22)	2 (4)	28 (15)	30 (19)	72 (48)
Shotton ...	21 (22)	14 (21)	86 (123)	100 (144)	254 (448)
St. Asaph ...	22 (21)	0 (1)	2 (4)	2 (5)	5 (10)
<b>Totals ...</b>	<b>247 (239)</b>	<b>103 (117)</b>	<b>538 (680)</b>	<b>641 (797)</b>	<b>1822 (2567)</b>

\* Patients whose names were on the books at the beginning of the year.

**POST-NATAL CLINICS**—Although post-natal facilities are available at eleven Centres in the County, only 24 mothers attended for examination. There has always been great reluctance on the part of women to attend for examination after the termination of their pregnancy, and in past years the number of attendances was always a mere fraction of the attendances at the Ante-Natal Centres.

**CHILD WELFARE CENTRES**—The Child Welfare Centres at Bagillt, Bodellwyddan, Broughton, Buckley, Caergwrle, Flint, Holywell, Leeswood, Mold, Mostyn, Penley, Prestatyn, Rhyl, Saltney, Shotton and St. Asaph continued to operate throughout the year, and three additional Centres were established at Caerwys, Connah's Quay and Greenfield. As will be seen from Table 8, the attendances at these Centres continued to be satisfactory.

Table 8.

## CHILD WELFARE CENTRES.

Summary of Attendances, etc.

Description	Baginbun	Broughshane	Bodelwyddan	Buckley	Gaeirwyle	Gaeirwys *	Connah's Quay †	Flint	Greenfield †	Holywell	Leeswood	Mold	Mostyn	Penley	Prestatyn	Rhyl	Saltney	Shotton	St. Asaph	TOTALS
Number of Sessions held, i.e., number of times Centre opened during the year ..	47	48	21	48	49	18	47	48	12	49	49	49	23	28	49	49	48	49	49	775
Children who attended the Centre during the year for the first time and who, on the date of their first attendance, were—																				
Aged under 1 year ..	64	31	18	176	59	26	167	103	45	136	62	174	67	54	108	236	127	250	96	1999
Aged 1 to 5 years ..	9	19	12	97	8	21	55	87	29	28	1	7	27	49	10	18	34	13	74	598
Total ..	73	50	30	273	67	47	222	190	74	164	63	181	94	103	118	254	161	263	170	2597

Continued on page 26.

Table 8 (continued).

Description	Bagillt	Broughton	Bodel- wydan	Buckley	Caergwile	Caerwys *	Connaht's Quay †	Flint	Greenfield †	Holywell	Leeswood	Mold	Mostyn	Penley	Prestatyn	Rhyl	Saltney	Shotton	St. Asaph	TOTALS
Children in attendance at the end of the year who were then :—																				
Aged under 1 year ..	54	25	14	99	50	12	106	113	56	118	14	159	32	30	80	187	66	199	62	1456
Aged 1 to 5 years ..	65	75	36	118	130	29	137	101	37	54	63	292	60	99	126	302	146	298	104	2272
Total ..	119	100	50	217	180	41	243	214	73	172	77	451	92	129	206	489	212	497	166	3728
Attendances made at the Centre during the year by children—																				
Aged under 1 year ..	605	568	187	1040	439	145	1447	943	216	1374	295	2797	296	149	1162	3672	1363	3239	545	20482
Aged 1 to 5 years ..	95	413	182	318	750	160	457	277	50	221	351	709	153	450	404	639	592	434	257	6912
Total ..	700	981	369	1358	1189	305	1904	1220	266	1595	646	3506	449	599	1566	4311	1955	3673	802	27394

\* Opened on 3/3/50.

† Opened on 20/1/50.

‡ Opened on 3/10/50.



**SUPPLY OF MATERNITY OUTFITS**—In accordance with a memorandum of the Ministry of Health, all expectant mothers who decide to have their confinement at home are supplied, upon request, with a maternity outfit free of charge. These outfits contain certain sterilised dressings which are necessary for the confinement and are supplied through the Ante-Natal Clinics and the Authority's Midwives. The number of such outfits issued during the year was 722.

#### 5. DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

The resignation of Mr. Lunt, the Senior Dental Surgeon, reduced the Dental Staff to two and it has consequently been impossible for the Authority to provide any part of the above Service.

#### 6. THE UNMARRIED MOTHER AND HER CHILD.

Although some time has elapsed since the North Wales Counties agreed jointly to establish a "mother and baby" home, and to acquire and adapt premises on the outskirts of Wrexham for this purpose, negotiations for the purchase of the premises were still proceeding at the end of the year under review. Accommodation of this type had therefore still to be sought in voluntary homes in England, and the great assistance of the Officers of the St. Asaph Diocesan Moral Welfare Association in securing vacancies in such homes is gratefully acknowledged.

During the year the Authority accepted financial responsibility for four such cases.

#### 7. NOTIFICATION OF BIRTHS.

Under the provisions of the Notification of Births Act, 2,544 births were notified to the Authority during the year. This total was made up of 2,480 live births and 64 still births.

Reference to the number of births on page 11 of this Report shows that 9 live births were not notified to this Authority.

#### 8. CHILD LIFE PROTECTION.

Although the responsibility for the supervision of foster-children passed, on the coming into operation of the Children's Act, from the Health Department to the Department of the Children's Officer, Health Visitors at the request of the Children's Officer continued to carry out the work during the year, and a total of 434 visits were paid.

#### 9. MIDWIFERY.

Section 23, National Health Service Act, 1946.

(a) **DUTY AS LOCAL SUPERVISING AUTHORITY**—Table 9 (a) gives statistics as to the number of midwives practising in the area of the Authority, and Table 9 (b) shows the number of supervisory visits paid to those midwives during the year by the non-medical Inspector of Midwives. 180

notifications of various kinds were received from Midwives of which 98 were in respect of calling in medical aid. It was found necessary to suspend the Midwife from practice in 3 cases, as a consequence of her having been in contact with infection.

Table 9 (a).

## MIDWIVES IN PRACTICE ON 31st DECEMBER, 1950.

Employment.	S.R.N. and S.C.M.				S.C.M. only.		Total.
In National Health Service Hospitals and Maternity Homes	...	...	17	...	3	...	20
In Private Nursing Homes	...	...	4	...	1	...	5
County Domiciliary Midwives	...	...	12	...	23	...	35
Private Domiciliary Midwives	...	...	3	...	7	...	10
	Totals	...	36		34		70

Table 9 (b).

## SUPERVISION OF MIDWIVES.

Employment.	Number of Inspections.						
			Routine.	Special.		Total.	
National Health Service Hospitals							
and Maternity Homes	...	...	9	...	12	...	21
Private Nursing Homes	...	...	44	...	5	...	49
County Domiciliary Midwives	...	...	127	...	292	...	419
Private Domiciliary Midwives	...	...	35	...	21	...	56
			<hr/>		<hr/>		<hr/>
Totals	...		215*		330		545

\* The Midwife was inspected while actually at work in 159 of these inspections.

Among the reasons for Special Inspections were :—

Maternal death investigations 4, Infant death investigations 4, Puerperal Pyrexia 8, Contact with infection 10, Ophthalmia Neonatorum 3, Other emergencies 209, non-emergency 92.



(b) ADEQUACY OF NUMBER OF MIDWIVES TO MEET THE NEEDS OF THE AREA—At the end of the year under review, the total number of midwives in the area available for attendance on women, in **their own homes**, as midwives or as maternity nurses, was 45, and of these 35 were employed by the Local Health Authority and 10 were independent midwives in private practice. The following Table shows the number of cases attended by these midwives (a) as midwives, (b) as maternity nurses, and (c) the number of ante-natal and post-natal visits.

Table 10.  
CASES ATTENDED BY MIDWIVES.

(a) As Midwife.

	Cases.	A.N. Visits.	P.N. Visits.	Total Visits.
County Domiciliary Midwives ...	487 ...	3516 ...	8108 ...	11624
Independent Midwives ...	54 ...	34 ...	not ... available	—

(b) As Maternity Nurse.

	Cases.	A.N. Visits.	P.N. Visits.	Total Visits.
County Domiciliary Midwives ...	345 ...	2197 ...	5906 ...	8103
Independent Midwives ...	108 ...	65 ...	not ... available	—

(c) Totals.

	Total Cases.	Total Visits.
County Domiciliary Midwives ...	832 ...	19727
Independent Midwives ...	162 ...	—

GAS AND AIR ANALGESIA—Of the 35 midwives employed by the Authority, all but 2 were qualified to administer gas and air analgesia and had been supplied with the necessary apparatus. Of the 2 who were not qualified, one is a midwife whose employment is permitted under Regulation 33 of Defence Regulations, 1939, and whose employment will cease when that Order expires, the other is approaching retiring age and is employed part-time as a relief nurse.

Gas and air analgesia was administered in 266 cases during the year.

THE IMPACT OF THE NATIONAL HEALTH SERVICE ACT, 1946, ON THE DOMICILIARY MIDWIFERY SERVICES—In the Annual Reports for 1948 and 1949, reference was made to the general uneasiness felt by Domiciliary Midwives throughout the County that their status was being lowered and that they were being superseded owing to (a) accommodation in maternity homes and hospitals under the control of Hospital Management Committees, and (b) domiciliary maternity services, of general medical practitioners, being available free of charge under the National Health Service Act. Reference to Table 11 shows that although the number of births in hospitals and homes under the Act is approximately **double** that in the years before the operation of the Act, there has only been a slight and by no means corresponding decrease in the number of births attended by **County Domiciliary Midwives**. There has, however, been a marked decrease in the number of births attended by Midwives in Private Practice.

It appears, therefore, that as far as the domiciliary midwives employed by the Local Health Authority are concerned, there is only slight ground for uneasiness as to being superseded. These midwives, however, still feel that they have ground for complaint in that :—

- (a) Women confined in Ministry of Health Hospitals and Maternity Homes are frequently discharged on or before the 10th day after confinement. The puerperium lasts for 14 days, and consequently the domiciliary midwife is being called upon to **complete** the work of the hospital midwife.
- (b) They feel that far too many "normal" cases, whose home conditions are in every way suitable for domiciliary confinement, are being admitted to hospital or maternity home.

This contention is supported by the Ministry of Health itself, as requests have been made to Hospital Management Committees to exercise "selection" of cases for admission for institutional confinement. Priority of admission should be given :—

- (a) on medical grounds ;
- (b) on social grounds, i.e., unsatisfactory home conditions ;
- (c) for some but not all first pregnancies ;
- (d) for fourth or more pregnancies.

It has been contended that all confinements should take place in hospital, but it must be remembered that the cost of an institutional confinement is considerably greater than that of a domiciliary confinement, and that, if money is available for the provision of additional beds in hospitals, these beds are most urgently needed for cases other than maternity.

Table 11.

Year.	...	1945.	1946.	1947.	1948.	1949.	1950.
Total Births.	...	2315	2632	3574	2720	2494	2553
Births attended by County Domiciliary Midwives:							
As Midwife	...	668 = 28.85 %	...	829 = 31.5 %	...	987 = 27.6 %	...
As Maternity Nurse	...	242 = 10.45 %	...	266 = 10.1 %	...	318 = 8.9 %	...
	...	668 = 28.85 %	...	829 = 31.5 %	...	987 = 27.6 %	...
	...	242 = 10.45 %	...	266 = 10.1 %	...	318 = 8.9 %	...
	...	668 = 28.85 %	...	829 = 31.5 %	...	987 = 27.6 %	...
	...	242 = 10.45 %	...	266 = 10.1 %	...	318 = 8.9 %	...
TOTAL	...	910 = 39.3 %	1095 = 41.6 %	1305 = 36.5 %	1147 = 42.2 %	880 = 35.3 %	832 = 32.59 %
Births attended by Midwives in Hospital and Maternity Homes:							
As Midwife	...	502 = 21.7 %	...	564 = 21.4 %	...	693 = 19.4 %	...
As Maternity Nurse	...	156 = 6.7 %	...	113 = 4.3 %	...	146 = 4.1 %	...
	...	502 = 21.7 %	...	564 = 21.4 %	...	693 = 19.4 %	...
	...	156 = 6.7 %	...	113 = 4.3 %	...	146 = 4.1 %	...
	...	502 = 21.7 %	...	564 = 21.4 %	...	693 = 19.4 %	...
	...	156 = 6.7 %	...	113 = 4.3 %	...	146 = 4.1 %	...
TOTAL	...	658 = 28.4 %	677 = 25.7 %	839 = 23.5 %	863 = 31.7 %	1309 = 52.45 %	1264 = 49.51 %
Births attended by Midwives in Private Practice:							
As Midwife	...	261 = 11.3 %	...	323 = 12.3 %	...	226 = 6.3 %	...
As Maternity Nurse	...	275 = 11.9 %	...	419 = 15.9 %	...	299 = 8.4 %	...
	...	261 = 11.3 %	...	323 = 12.3 %	...	226 = 6.3 %	...
	...	275 = 11.9 %	...	419 = 15.9 %	...	299 = 8.4 %	...
TOTAL	...	536 = 23.2 %	742 = 28.2 %	525 = 14.7 %	339 = 12.5 %	243 = 9.7 %	162 = 6.34 %

Births occurring in Hospitals and Homes outside the County (Chester City Hospital, Trevallyn Manor, etc.) are NOT included in the above Table.

**HEALTH VISITING**—There is much controversy at present as to whether “specialised” Health Visitors such as Tuberculosis Visitors should be employed by the Local Health Authority. It is contended that the Health Visitor should be an “all-purpose” Health Visitor in order to avoid the multiplicity of officials visiting certain houses. It has been stated that in some areas there is the possibility of Health Visitor, School Nurse, Tuberculosis Visitor, Probation Officer, Children’s Officer, School Attendance Officer, National Assistance Officer, Welfare Officer, Inspector N.S.P.C.C., and perhaps others, visiting the same house almost at the same time. Such a possibility is greatly to be deplored and the position would not be much relieved by removing the Tuberculosis Visitor. I, personally, feel that the approach to a case of tuberculosis needs a special technique, and this view is strongly supported by the Chest Physician. The Health Visitor/School Nurse in the County of Flint already has too great a “case load” and consideration will need to be given to an increased establishment in the very near future.

Visits to expectant mothers	...	...	...	1435
Visits to children under 1 year of age	...	...	...	18402
Visits to children between 1 and 5 years	...	...	...	20482
Visits to Child Life Protection cases	...	...	...	434
Other Special Visits	...	...	...	904

In addition to the Health Visiting mentioned above, two Nurses, holding certificates in the nursing of the tuberculous, are employed whole-time as **Tuberculosis Visitors**. They attend the Chest Clinics, visit all cases of Tuberculosis as soon as notified and report on the home conditions. The Chest Physician and his Assistants have greatly appreciated the assistance and the valuable information given to them by these Tuberculosis Visitors, and their reports to the Health Department on housing conditions have been transmitted to the County District Councils. It is a great pleasure to report that as a result many tuberculous families have been rehoused and overcrowding, insanitary conditions, etc., have been ameliorated. What is of even greater importance is that their visits are fully appreciated by the patients themselves, as it is to these Tuberculosis Visitors that they turn for advice upon their many problems. During the year, in addition to attendance at the Chest Clinics, they paid 3,009 visits to patients in their homes, and of these 195 were first visits to newly notified cases.

## 11. HOME NURSING.

(Section 25, National Health Service Act).

During the year the Authority employed for the attendance upon persons who required nursing in their homes, 9 Nurses, whose duties were wholly confined to general nursing, and 26 Nurses whose duties included a certain amount of midwifery as well as general nursing. Their work can be summarised as follows :—

			1949.	1950.
Number of cases nursed	...	...	3305	5459
Number of visits paid	...	...	68848	96443

The demands made upon this service have increased very considerably owing to the great difficulty in obtaining hospital accommodation for elderly sick persons who are likely to become "long-stay" cases when once admitted to hospital. Another reason for the increased calls on this service is the number of injections of various kinds that are administered by the Nurse at the request of general medical practitioners.

These Nurses often work under great difficulties, especially as for some the only means of transport is a bicycle, and unlike midwives, they are not allowed "priority of delivery" of motor-cars.

**SUPERVISION OF HOME NURSES**—During the year, the County Nursing Superintendent, in addition to her inspections as Inspector of Midwives, made the following visits to Home Nurses:—

Routine Inspections	...	...	...	151
Special Visits	...	...	...	178
Non-emergency Visits	...	...	...	231
Interviews	...	...	...	28

## 12. VACCINATION AND IMMUNISATION.

(Section 26, National Health Service Act).

(a) **VACCINATION**—In the Report for the year 1949, reference was made to the considerable decrease in the number of primary notifications received since vaccination ceased to be compulsory. The following figures show, however, that propaganda by health visitors and district nurses is bringing parents to a better realisation of their responsibility in this respect.

	Year	...	1948.	1949.	1950.
Primary Vaccinations	...	...	808	345	660

In addition, 158 persons were re-vaccinated. The position, however, remains most unsatisfactory, as the number of notifications for the year 1950 represents only 27 % of the number of live births in the previous year. The present-day population at risk is great, and were it not for the vigilance of the Port Health Authorities, in these days of rapid air transport, outbreaks such as occurred at Glasgow and Brighton would become much more frequent.

(b) **IMMUNISATION AGAINST DIPHTHERIA**—During the year, 1,871 children received primary immunisation, and 1,279 children received re-inforcing doses. Immunisation is carried out at Clinics by the Authority's Medical Officers, and also by general medical practitioners in their own



surgeries. General medical practitioners are paid a fee of 5/- for each completed Record Card forwarded to the Health Department, such fee having been prescribed by the Minister of Health.

A similar amount is paid for each completed Record Card of Vaccination. Lymph for Vaccination and Anti-Diphtheria sera are supplied free of charge from Government Laboratories.

### 13. AMBULANCE SERVICES.

(Section 27, National Health Service Act).

**AMBULANCES**—The main portion of the County is covered by ambulances stationed at Rhyl, Prestatyn, Holywell, Flint, Queensferry and Mold. In addition, ambulances operated by the Chester City Council and the Denbighshire County Council are available when required. The Overton Rural District is covered by ambulances operated by the Denbighshire and Shropshire County Councils.

The various Divisions of the St. John Ambulance Brigade in the County have given most valuable assistance in the service by providing relief drivers and ambulance attendants as required.

**SITTING CASE CARS**—This service is operated through the Hospital Car Service organised by the W.V.S., and through a large number of private hire car proprietors scattered throughout the County.

As will be seen by the statistics that follow, the demands upon both these services have increased very considerably. This increase was anticipated in my previous Report on account of the operation of Section 24 of the National Health Service (Amendment) Act, whereby it became the duty of the Authority not only to convey patients to hospitals outside its area, but also to provide transport for the return journey provided that the patient had not been in hospital longer than three months.

Ambulances.			1949.		1950.	
Number of journeys	...	...	2831	...	3986	
Number of patients carried	...	...	3059	...	4530	
Mileage	...	...	78681	...	119948	
Average miles per journey	...	...	27.8	...	30.1	

Sitting Case Cars.		Private			Private			
		Hire.	1949.	Total.	Hire.	1950.	Total.	
			W.V.S.					W.V.S.
No. of journeys	...	8934	790	9724	...	11192	770	11962
No. of patients								
carried	...	10303	970	11273	...	14900	1020	15920
Mileage	...	236766	31394	268160	...	302014	34612	336626
Average miles per								
journey	...			27.6	...			28.14

It cannot be denied that these services, and particularly the Sitting Case Car Service, is open to abuse, in spite of the fact that transport is only provided on production of a **medical certificate** to the effect that the patient is, for **medical reasons**, unable to travel by public transport. It can truly be said that the hospitals and the majority of the general medical practitioners do endeavour to keep the demands on these services within reasonable limits. The high "average mileage per journey" is partly due to the large numbers of visitors who are taken ill or meet with accidents while staying at the seaside resorts and summer camps in the County, and have later to be conveyed to their homes in England.

#### 14. PREVENTION OF ILLNESS—CARE AND AFTER-CARE.

(National Health Service Act, Section 28).

This Section of the National Health Service Act gave the Authority permissive powers, with the approval of the Minister, to make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, and the after-care of such persons. No payment of money, however, could be made to such persons, except as remuneration for suitable work.

The Minister reserved the right to direct that these permissive powers should become statutory duties, and did so direct with regard to the care and after-care of persons suffering from tuberculosis.

Although the Authority had no powers to make "money payments" to persons in need, such powers having been transferred to the Assistance Board, it could continue to supplement the allowances paid by the Assistance Board by making "grants in kind" in the form of additional nourishment, such as milk, ovaltine, etc. In addition the Authority could supply various articles such as beds, bedding, water-beds, bed pans, air-rings, etc., etc.—in fact all articles required for the nursing of cases of illness in their own homes. The Authority was also empowered to recover charges for the loan of these articles, according to the means of the patients. Domiciliary Nurses have small "loan cupboards" from which certain articles can be loaned in an emergency and the "Loan Depots" established by the St. John Ambulance Brigade and the British Red Cross Society have given valuable assistance in this respect.

The responsibilities of the Authority under this Section are discharged through three Area Care and After-Care Sub-Committees of the Health Committee—those responsibilities being not only with regard to Tuberculosis, but all other forms of illness, physical and mental, including mental deficiency. In addition, these three Care and After-Care Committees are responsible for discharging the welfare duties of the County Council under Section 29 of the National Assistance Act (for the blind, the deaf, etc.), as the powers of the Council under this Act were delegated, with the approval of the Minister, to the Health Committee.

During the year under review, 101 applicants suffering from Tuberculosis received assistance in kind.



Five garden shelters were provided for the use of patients living under overcrowded conditions, and many letters were written to the County District Councils supporting applications for better housing accommodation for tubercular persons living under unsatisfactory conditions. It is a great pleasure to report that the response of the County District Councils has been most satisfactory.

### 15. DOMESTIC HELP.

(Section 29, National Health Service Act).

This Section of the Act gave the Authority permissive powers for providing domestic help for households where such help was required owing to the presence of any person who was ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age.

Power was also given for the recovery of charges for such service.

Much credit is due to Miss Gray, who acts jointly as Superintendent Health Visitor and Domestic Help Organiser, for the capable way in which she has organised this Service.

By 31st December, 1950, the number of Domestic Helps available for duty was 85 (1 whole-time and 84 part-time). The number of cases in which Domestic Help was provided was 217 (Maternity 36, Tuberculosis 6, Other illnesses 175).

The following Table gives some indication of the work of the Domestic Help Organiser during the year:—

Interviews with prospective Domestic Helps	...	...	54
Investigation of new applications for services of Domestic Help	...	...	301
Visits to Domestic Helps during employment	...	...	635
Visits to Persons Helped	...	...	450
Other Interviews	...	...	80

The demands made upon this service, like those upon the Home Nursing Service, and for the same reason, are increasing very considerably. Unfortunately, relatives of elderly persons needing care and attention are tending to disclaim any responsibility for providing such care and attention and some have gone so far as to state that they see no reason why they should assist in any way unless they are paid for their services by the Authority. Were it not for the fact that the Authority has the power to recover charges for this service, the demands made upon it would soar to considerable heights, and it would be as open to abuse as other "free" services under the National Health Service Act.

The expenditure on this service in the financial year ending 31st March, 1951, was £5,325, and the amount recovered by way of charges was £850.

Part of the amount recovered was in small sums, contributed by aged persons who were most insistent that they did not wish to be entirely dependent on "charity." The service has been a great boon to many elderly people who prefer to remain in their own homes rather than enter "Homes for the Aged," and the expenditure upon the service is small, compared with that of maintaining such persons in Homes for the Aged.

## 16. DUTIES UNDER LUNACY AND MENTAL TREATMENT ACTS AND MENTAL DEFICIENCY ACTS.

(Section 51, National Health Service Act).

The duties of the Local Health Authority under the above Acts are discharged through the three Area Sub-Committees of the Health Committee. Each Area Sub-Committee consists of 12 Members of the Health Committee, with one representative of each District Council in the Area, and a number of co-opted members who are specially interested in social welfare.

The County Medical Officer is responsible to the Health Committee for the administration of the Mental Health Services, and is assisted by:—

- (a) For the purposes of the Mental Deficiency Acts, the Deputy Medical Officer of Health (female), and one Assistant Medical Officer (male) and by one Welfare Officer (also a duly authorised officer for the purposes of the Lunacy and Mental Treatment Acts).
- (b) A Chief Administrative Officer and four duly authorised Officers for the purposes of the Lunacy and Mental Treatment Acts.

The work is closely co-ordinated with that of the Regional Hospital Board in that the services of the psychiatrists and psychiatric social workers from the North Wales Hospital for Mental and Nervous Disorders are always available. A team consisting of psychiatrist, psychologist, and psychiatric social workers conducts a Child Guidance Clinic at Rhyl on behalf of the Authority.

An adult Psychiatric Clinic is held weekly at the Royal Alexandra Hospital, Rhyl, by a Psychiatrist from the North Wales Mental Hospital.

The supervision of patients on licence from mental hospitals is undertaken by the staff of the hospital, while the supervision of mental defectives on licence is undertaken by the medical and the health visiting staff and the welfare officers of the County Council.

The following statistics show the number of persons dealt with under the above Acts during 1950:—

Table 12.

## LUNACY AND MENTAL TREATMENT ACTS.

Certified Patients—81.

Temporary Patients—5.

In addition, 166 persons were admitted to the Mental Hospital as "Voluntary Patients."

## MENTAL DEFICIENCY ACTS.

## A. Ascertainment.

			Males.		Females.		Total.
(1) Reported by Local Education Authority :—							
(a) Under Section 57 (3)	...	...	3	...	1	...	4
(b) Under Section 57 (5)	...	...	1	...	—	...	1
(2) Other cases	...	...	4	...	2	...	6
			8		3		11

## B. Action taken.

			Males.		Females.		Total.
Admitted to Institutions (under order)	...	...	1	...	—	...	1
Placed under Guardianship (under order)	...	...	—	...	—	...	—
Taken to place of safety	...	...	1	...	—	...	1
Placed under statutory supervision	...	...	6	...	3	...	9
			8		3		11

## C. As on 31st December, 1950.

The number of defectives under guardianship	...	...	...	6
The number of defectives under statutory supervision	...	...	...	126

Of the 126 defectives under statutory supervision, 18 were awaiting admission to an institution for mental defectives at the end of the year.

The duties of supervising mental defectives in the community are discharged by the medical, health visiting and welfare staff, and members of the Area Committees also visit.

The problem of securing vacancies in Institutions for Mental Defectives has become even more acute, and the provision of additional accommodation is receiving the attention of the Regional Hospital Board. All applications for admission to institutions have to be submitted to the Regional Psychiatrist, who decides priority of admission.

No "Occupation Centres" have been established in the area of the Authority.

## Section C.

## 1. INFECTIOUS AND OTHER COMMUNICABLE DISEASES.

Prior to the appointed day under the National Health Service Act, 1946, the control of the spread of infectious disease was a duty devolving chiefly upon the County District Councils,, whose Medical Officers of Health forwarded weekly to the County Medical Officer a numerical report of the cases notified in each district. The National Health Service Act also conferred powers upon the County Council in this respect and it became the duty of the Medical Officer of Health of the County District Council to forward to the County Medical Officer, within 12 hours, a copy of each notification of notifiable disease received by him. The period of 12 hours was amended by the National Health Service (Amendment) Act, 1949, to read "if possible within 12 hours, but in any case within 48 hours."

Where copies of notifications are forwarded and fees for the notifications have been paid by the County District Councils, such Councils can claim reimbursement of the fees from the County Council as the Local Health Authority. By this means, greater co-ordination was achieved in the preventive work and there is greater scope for the study of the epidemiology of diseases.

There was no large-scale outbreak of infectious disease in the County, and the number of notifications received from the Medical Officers of Health of County District Councils during the year were as follows :—

Cerebro-Spinal Fever	...	...	...	—
Diphtheria	...	...	...	3
Dysentry	...	...	...	22
Enteric Fever (Typhoid)	...	...	...	—
Erysipelas	...	...	...	8
Food Poisoning	...	...	...	58
Measles	...	...	...	1095
Meningococcal infections	...	...	...	3
Ophthalmia Neonatorum	...	...	...	—
Paratyphoid	...	...	...	—
Polio-encephalitis—Infective	...	...	...	1
„ Post-infections	...	...	...	1
Poliomyelitis—Paralytic	...	...	...	19
„ Non-paralytic	...	...	...	1
Pneumonia	...	...	...	114
Puerperal Pyrexia	...	...	...	1
Scarlet Fever	...	...	...	180
Whooping Cough	...	...	...	244
Total				1750

It will be noted that notifications of measles form 62.5 % and that the group comprised of Measles, Whooping Cough, Scarlet Fever and Pneumonia, forms 93.3 % of the total notifications.

**WHOOPING COUGH**—Of the 244 cases of whooping cough, one died—a child aged under 12 months.

**DIPHTHERIA**—Of the 3 cases notified, none proved fatal.

**TUBERCULOSIS**—Reference has been made earlier in this Report to the number of deaths in the County, particularly in the Overton Rural District. Statistics showing the number of notifications are as follows :—

(a) **Ascertained by formal primary notifications :—**

Respiratory—Males 75, Females 46	...	...	...	Total 121
Non-Respiratory—Males 12, Females 19	...	...	...	Total 31

(b) **Ascertained otherwise than by formal notification :—**

Respiratory—Males 6, Females 5	...	...	...	Total 11
Non-Respiratory—Males 2, Females 1	...	...	...	Total 3

Total notifications (a) and (b)	...	166
---------------------------------	-----	-----

The following table shows the total deaths from tuberculosis, distinguishing between males and females, and respiratory and non-respiratory tuberculosis.

**Table 13 (a).**  
**DEATHS FROM TUBERCULOSIS, 1950.**

	Males.	Females.	Total.
Respiratory Tuberculosis	34	20	54
Non-respiratory Tuberculosis	3	1	4
<b>All Forms</b>	<b>37</b>	<b>21</b>	<b>58</b>

Included in the total of 58 are the deaths of 19 Poles at the Polish Hospitals in the Overton Rural District. These Poles have never had any other domicile in the British Isles, and consequently the Registrar General has no alternative but to allocate them to the County of Flint. There has been a very considerable reduction in the deaths from this disease for in 1949 the total was 103, of which 46 were Poles. The reduced mortality is undoubtedly due in large measure to the discovery and use of the new antibiotics such as streptomycin and aureomycin.

The ages at which the deaths referred to in Table 13 (a) occurred are as follows :—



Table 14.  
AGES OF DEATHS FROM TUBERCULOSIS, 1950.

Age Group.	Respiratory.		Non-Respiratory.		All Forms.		Total.
	M.	F.	M.	F.	M.	F.	
0—	...	—	...	—	...	—	...
1—	...	—	...	1	...	1	...
5—	...	—	...	—	...	—	...
15—	...	3	...	1	...	4	...
25—	...	19	...	—	...	19	...
45—	...	11	...	1	...	12	...
65—	...	1	...	—	...	1	...
75—	...	—	...	—	...	1	...
Totals	...	34	...	3	...	37	...

It will be noted that tuberculosis continues to take its heaviest toll of life in the age groups 25-44, 45-64.

The crude mortality rate from tuberculosis (all forms) in the County of Flint had declined very considerably from the beginning of the present century up to 1946, followed by an upward trend in the years 1947, 1948 and 1949, and this is shown in the following table. In 1950, however, there was a very considerable fall in the mortality rate to 0.40 per 1000 population.

	Year.	Population.	Mortality Rate per 1000 population.
Census Years :—			
	1911	...	92705
	1921	...	106617
	1931	...	112889
5 Year Period :—			
	1935	...	116000
	1936	...	117770
	1937	...	119540
	1938	...	121020
	1939	...	121900
5 Year Period :—			
	1945	...	125670
	1946	...	131870
	1947	...	134480
	1948	...	138308
	1949	...	140300
	1950	...	145080

The figures for the 5 year period (1940-1944) are not included as they are not considered comparable, in view of the large influx of evacuees into the County during that period.

The question that naturally arises is as to whether the incidence of Tuberculosis is also declining. There is only a very small difference between the number of formal notifications received (expressed as rates per 1000 population) in the pre-war years 1935-1939, and the post-war years 1945-1950.

Pre-war Years.				Post-war Years.			
1935	...	1.03	...	1945	...	1.38	
1936	...	1.13	...	1946	...	1.57	
1937	...	1.4	...	1947	...	1.21	
1938	...	1.15	...	1948	...	1.36	
1939	...	1.28	...	1949	...	1.13	
				1950	...	1.14	

Unfortunately, conditions at the present time must lead one to anticipate an increased incidence of the disease. Shortage of nursing staff has closed many beds in sanatoria, resulting in the lengthening of the waiting list for admission, and the discharge of chronic cases for whom little further can be done. Although much time is spent by the Tuberculosis Visitors in instructing and advising patients in all methods of precaution, there is a tendency, after a time, for that advice to be ignored, and it is no uncommon occurrence for the visitor to find the children playing in the room of a patient confined to bed. This aspect of the problem is further accentuated by the lack of proper housing accommodation. The Housing Committee of the County District Councils have all given special consideration to applicants for re-housing who suffer from Tuberculosis, but here again a vicious circle may be set up, as in order to pay the present high rents, patients often deprive themselves of things essential to their recovery. It is hoped, however, that by the development of B.C.G. vaccination, and the Mass Radiography Service, and by closer co-operation between the Chest Physician and the Officers of the Local Health Authority, any tendency towards an increase in the incidence of the disease may be combated. All efforts in the preventive field, however, will be of little avail without the very active co-operation of the patient and his or her family.

**VENEREAL DISEASE**—The number of cases treated at the Centres at St. Asaph, Chester, Liverpool and Wrexham during the year was :—

Syphilis	...	...	...	26
Gonorrhoea	...	...	...	18
Other conditions	...	...	...	95



### Section D.

## NATIONAL ASSISTANCE ACT, 1948.

Section 21 of this Act empowered the County Council to provide residential accommodation for persons who by reason of age, infirmity or any other condition were in need of care and attention which was not otherwise available to them.

Section 29 of the Act empowered the County Council to provide welfare services for the blind, the deaf, the dumb, etc.

In view of the impossibility of drawing any line of demarcation between the Council's powers under Section 29 of this Act, and their powers with regard to "care and after-care" under the National Health Service Act, it was decided, with the approval of the Minister of Health, to delegate the powers under this Act to the Health Committee.

SECTION 21—A Sub-Committee was set up to deal with "residential accommodation" and the following accommodation has been provided:—

Cartrefle Hospital, St. Asaph—Males 31, Females 22, Total 53.

Lluesty Hospital, Holywell—Males 22, Females 22, Total 44.

Park House, Prestatyn—Males Nil, Females 20, Total 20.

Men's Convalescent Home, Rhyl—Males 12, Females Nil, Total 12.

The accommodation at Park House, Prestatyn, and at Rhyl has been fully taken up during the year, but staffing and other difficulties have prevented full use being made of the accommodation at Cartrefle and Lluesty Hospitals.

SECTION 29—The Minister of Health directed that the welfare of the blind should be a statutory duty of the Authority. The responsibility for making "monetary" allowances to unemployable blind persons passed from the County Council to the Assistance Board, but the Council remained responsible for the augmentation of the earnings of employable blind persons.

The Welfare Services which had been provided for many years by the voluntary organisations—the North Wales Society for the Blind, and the Chester and District Blind Welfare Society—were continued up to 30th June. From 1st July, however, the Chester and North Wales Society provided the services for the whole of the County.

The total number of blind persons on the register at the 31st December, 1950, was 272.

Five children from the County were in Residential Schools for the Blind. One girl was in training as a "machine knitter" with a view to employment later in the workshops of the Society.

Eight blind persons from Flintshire were employed in the Chester Workshops of the Society and four were employed as "home workers." Six blind persons are employed in "open industry" and five others are "self employed."

Welfare services for the deaf and dumb are provided through the Chester and North Wales Deaf and Dumb Society.

### Section E. FOOD AND DRUGS ACT, 1938, ETC.

The statutory duties of the Authority under the above Act and other legislation such as the Fertilisers and Feeding Stuffs Act, the Pharmacy and Poisons Act, etc., have been most ably performed by Mr. E. Lewis M.R.S.I., M.S.I.A., the County Sanitary Inspector, and I append his Report on the work carried out during the year. I must also acknowledge most gratefully the able assistance and guidance given by the Deputy Clerk, Mr. Haydn Rees, in all cases where proceedings have been initiated.

#### REPORT OF THE COUNTY SANITARY INSPECTOR.

"INSPECTION AND SUPERVISION OF FOOD—The purpose of Food and Drugs legislation is to ensure that the public receives clean wholesome food and is protected against the use of misleading labels and advertisements relating to the food.

The adulteration of food is discovered by the routine inspection of food and by the taking of samples to the Public Analyst for chemical analysis. These samples are taken at all places where food is prepared, stored or exposed for sale, e.g., shops, canteens, bakehouses, mobile canteens, restaurant kitchens, public houses, etc.

The District Council Sanitary Inspectors are responsible for the hygienic conditions of all premises where food is stored, prepared or exposed for sale. Most of the District Councils have now adopted the Food Model By-laws dealing with the handling, wrapping and delivery of food in the open-air. There is no doubt that these By-laws will make a useful contribution towards the improvement of food premises and conditions under which food is prepared for sale.

In the year under review, 568 samples of food-stuffs were submitted to the Public Analyst for chemical analysis and 73 samples were found to be adulterated or below standard.

The following is a brief summary of the samples taken :—

Article.	Number taken.		Genuine.		Not Genuine.	
Milk	...	268	...	213	...	55
Dairy Products	...	8	...	7	...	1
Confectionery	...	34	...	34	...	—
Alcoholic Drinks	...	21	...	21	...	—
Patent Medicines	...	23	...	19	...	4

Article.	Number taken.		Genuine.		Not Genuine.	
Cooked Meats and Sausages	...	66	...	59	...	7
Preserves	...	10	...	9	...	1
Fish/Meat Pastes	...	4	...	4	...	—
Cooking Fats and Oils	...	10	...	10	...	—
Spices and Condiments	...	13	...	12	...	1
Ice Cream	...	32	...	32	...	—
Miscellaneous Groceries	...	79	...	75	...	4
		568		495		73

In the table below the total number of samples of food and drugs analysed is compared with the numbers taken during the past four years :—

#### ALL FOODS.

Year.	No. taken.		Adulterated or below standard.		Percentage.	
1946	...	391	...	53	...	13.5
1947	...	392	...	68	...	17.3
1948	...	483	...	74	...	15.3
1949	...	597	...	75	...	12.5
1950	...	568	...	73	...	12.8

This year's figures show a slight increase in the number of samples found adulterated.

MILK—268 samples were taken for chemical analysis from roundsmen, dairies, farms, schools and restaurants. The milk was tested for colouring matter, added water, fat deficiency, solids not fat content, dirt and preservatives. 55 samples were found to be adulterated, or below standard. In the table below the samples are compared with those taken during the past four years :—

Year.	No. taken.		Adulterated or below standard.	Percentage of adulteration.	Nature of irregularity.		
					Low in fat content.	Low in S.N.F. content.	Added water.
1946	...	285	46	16.1	19	19	8
1947	...	296	64	21.6	27	27	10
1948	...	347	69	19.8	33	26	10
1949	...	297	62	20.8	33	23	6
1950	...	268	55	20.5	23	22	10

10 samples were found to contain added water and successful legal proceedings were instituted in six cases. The amount of added water present in the other 4 samples was small and a warning letter was sent in each case,

**PASTEURISED MILK**—There are five pasteurising plants in the County. These are inspected periodically, attention being paid to the structural condition of the buildings, efficiency of the plant and the cleanliness of the operators. Frequent samples of milk are taken to test the efficiency of the pasteurising operations. Empty milk bottles are also taken from the mechanical bottle washers to test the efficiency of the plant. These samples are submitted to the Public Health Laboratory for bacteriological examination. In the few instances where samples fail to pass the laboratory tests, the attention of the operators was immediately drawn to the fact.

**SCHOOL MILK**—All milk supplied under the Children's School Milk Scheme is pasteurised. Frequent samples were taken for chemical and bacteriological examination.

**BIOLOGICAL MILK SAMPLING**—The milk samples taken for the presence of tubercle bacillus were found free.

The following information has been given by J. W. Simpson, Esq., B.Sc., M.R.C.V.S., the Divisional Veterinary Officer for the Ministry of Agriculture and Fisheries.

**The number of Tuberculin Tested Herds, etc., for the year ending, 1950.**

			Attested.		Non-Attested.		Total.
T.T. or Certified Herds	...	...	221	...	51	...	272
Accredited Herds	...	...	16	...	531	...	547
Non-Designated Herds	...	...	55	...	846	...	901
Total	...		292		1,428		1,720

**T.T. Herds not Attested :—**

Number of Cattle	...	...	...	...	...	2,090
Number of Herds Tests	...	...	...	...	...	119
Number of Cattle Tested	...	...	...	...	...	6,419
Number of Reactors	...	...	...	...	...	211
Total Cattle population for the County			...	...	...	61,078
Total Number of Cows	...	...	...	...	...	27,677
Number of Cows dealt with by the Tuberculosis Order					...	104

**OTHER FOODS**—300 samples were taken and 18 were found adulterated or below standard. Legal proceedings were taken in respect of 3. The deficiencies in the other 15 samples were all of a minor character and warning letters were sent to the vendors or manufacturers.

**PUBLIC HEALTH PROPAGANDA**—Lectures and film shows dealing with various aspects of public health were given to organisations such as W.I., Youth Clubs and Canteens, etc. As most of the Local District Councils have adopted the Clean Food By-laws there was a great demand for talks on Food Hygiene.

I am grateful to the Welsh Office of the Central Office of Information for their assistance in showing films at these talks.

### Summary of Legal Proceedings.

Article.	Adulteration or Deficiency.	Result.	Total Fines and Costs.		
			£	s.	d.
Milk	... 29 % added water	... Convicted	... 17	0	0
"	... 19 % "	... "	... 25	8	0
"	... 10 % "	... "	... 20	5	0
"	... 20 % "	... "	... 12	0	0
"	... 15 % "	... "	... 20	8	0
"	... 32 % "	... "	... 27	17	6
Beef Sausages	... 10 % deficient in meat	... "	... 14	4	0
Beef Sausages	... 11 % deficient in meat	... "	... 9	4	0
Blood Purifier	... deficient in Pot. Iodide, etc., etc.	... "	... 9	5	0
Total ...			£155	11	6

**FERTILISERS AND FEEDING STUFFS ACT**—28 samples were taken during the year and all were satisfactory.

**PHARMACY AND POISONS ACT**—The duties devolving upon the County Council under the Act are :—

- the names of all shop-keepers, other than registered pharmacists, who sell Part II poisons, are to be entered on the Council's list ;
- to see that any deputy appointed under Rule 14 is a responsible person ;
- to see that the substances which contain Part II poison which appear in the first schedule of the Poisons Rule are being sold by the listed seller or by a responsible deputy ;
- that a Poisons Book is kept in the prescribed form and manner and that all entries therein are in order ;
- that the storage arrangements for certain poisons are adequate ;
- that the requirements as to labels and type of containers are complied with.

There are 257 listed sellers of poisons in the County and these are subject to periodic inspection."



## Section F.

### SANITARY CIRCUMSTANCES.

The supervision of closet accommodation, provision for refuse collection and disposal, cesspool cleaning, the sanitary inspection of their respective areas, the inspection and supervision of shops, offices and camping sites, the abatement of nuisances, including any arising from smoke, the supervision of swimming baths and pools, disinfection and disinfestation—all these are included in the duties which devolve primarily upon Local Sanitary Authorities and upon which the respective District Medical Officers of Health are required to report annually and, when necessary, specifically.

Samples of water are forwarded for bacteriological analysis to the Public Health Laboratory at Conway and at Birkenhead by all the county district councils at frequent intervals. Generally speaking, the samples from piped supplies have been satisfactory, although the many samples of water from wells in the County leave much to be desired.

There is nothing of special interest to report with regard to river pollution.

All Schools in the County are inspected for sanitary defects at each routine medical inspection, and all defects found are reported to the Local Education Authority.

## Section G.

### HOUSING.

All the County District Councils have made such progress with their housing schemes as has been possible, having regard to the shortages of materials, man-power, etc. All have given special consideration to the re-housing of families which have, for various reasons, been reported to them by the County Health Department as being in need of re-housing, and more particularly to those families in which there are persons suffering from Tuberculosis.